MILWAUKEE CATHOLIC HOME
2330 NORTH PROSPECT AVENUE

ALLWAUKEE 53211 Phone: (414) 220-46	10	Ownershi p:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation	n: 365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	122	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/01):	122	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	120	Average Daily Census:	120

Services Provided to Non-Residents	I	Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	47. 5
Supp. Home Care-Personal Care	No					1 - 4 Years	47. 5
Supp. Home Care-Household Services	No	Developmental Disabilities	0. 0	Under 65	1.7	More Than 4 Years	5. 0
Day Services	No	Mental Illness (Org./Psy)	30. 8	65 - 74	5. 0		
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	29. 2		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	49. 2	********	*****
Adult Day Health Care	Yes	Para-, Quadra-, Hemi plegic	0.8	95 & 0ver	15.0	Full-Time Equivale	nt
Congregate Meals	No	Cancer	2. 5	ĺ	j	Nursing Staff per 100 Re	esi dents
Home Delivered Meals	No	Fractures	10. 0	İ	100. 0	(12/31/01)	
Other Meals	Yes	Cardi ovascul ar	11. 7	65 & 0ver	98. 3		
Transportation	No	Cerebrovascul ar	15. 0			RNs	11. 7
Referral Service	No	Di abetes	2. 5	Sex	%	LPNs	9. 7
Other Services	No	Respi ratory	9. 2		Ì	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	17. 5	Male	20.8	Aides, & Orderlies	38. 9
Mentally Ill	No			Femal e	79. 2		
Provi de Day Programmi ng for	i		100.0		j		
Developmentally Disabled	No				100. 0		
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## Method of Reimbursement

		ledicare litle 18			edicaid itle 19			0ther			Pri vate Pay	:		amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Diem (\$)	No.	%	Per Di em (\$)	Total Resi - dents	
Int. Skilled Care	0	0. 0	0	3	7. 1	132	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	3	2. 5
Skilled Care	5	100.0	322	35	83. 3	113	0	0.0	0	73	100.0	196	0	0.0	0	0	0.0	0	113	94. 2
Intermedi ate				4	9. 5	93	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	3. 3
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Total	5	100.0		42	100.0		0	0.0		73	100.0		0	0.0		0	0.0		120	100. 0

County: Milwaukee MILWAUKEE CATHOLIC HOME

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Admissions, Discharges, and	ı	rercent Distribution	or kest dents	Conart	ions, services	, and Activities as of 1	2/31/01
Deaths During Reporting Period	<u>l</u>				% Needi ng		Total
Percent Admissions from		Activities of	%		sistance of	% Totally	Number of
Private Home/No Home Health	10. 5	Daily Living (ADL)	Independent		Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	0. 0	Bathing	0. 0	one	78. 3	21. 7	120
Other Nursing Homes	5. 9	Dressing	5. 0		76. 5 77. 5	17. 5	120
Acute Care Hospitals	78. 2	Transferring	24. 2		56. 7	19. 2	120
Psych. Hosp MR/DD Facilities	0. 0	Toilet Use	19. 2		57. 5	23. 3	120
Rehabilitation Hospitals	0. 8	Eating	41. 7		50. 8	7. 5	120
Other Locations	4.6	*********	********	*****	******	*********	******
Total Number of Admissions	238	Continence		%	Special Trea	tments	%
Percent Discharges To:	200	Indwelling Or Externa	l Catheter	5. 8		Respiratory Care	5. 8
Private Home/No Home Health	37. 5	0cc/Freq. Incontinent		66. 7		Tracheostomy Care	0. 0
Private Home/With Home Health	0.0	0cc/Freq. Incontinent		45. 8	Recei vi ng		0. 0
Other Nursing Homes	0. 8	see/11eq. Inconcinent	01 20	10.0		Ostomy Care	3. 3
Acute Care Hospitals	31. 3	Mobility				Tube Feeding	5. 8
Psych. HospMR/DD Facilities	0. 0	Physically Restrained	[	5. 0		Mechanically Altered Die	
Rehabilitation Hospitals	0. 0						
Other Locations	4. 2	Skin Care			Other Reside	nt Characteristics	
Deaths	26. 3	With Pressure Sores		4. 2		ce Directives	100. 0
Total Number of Discharges		With Rashes		2. 5	Medi cati ons		
(Including Deaths)	240				Recei vi ng	Psychoactive Drugs	56. 7
, 8		ı			8	<i>y</i>	

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

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	m1 •	Ownershi p:			Si ze:		ensure:	47	
	This		profit		- 199 Cnown		lled	Al	
	Facility %		Peer Group % Ratio		Group Rati o	reer %	Group Rati o	Faci.	lities Ratio
	/0	/0	Matio	%	Matio	/0	Matio	/0	Matio
Occupancy Rate: Average Daily Census/Licensed Beds	98. 4	88. 9	1. 11	85. 7	1. 15	82. 7	1. 19	84. 6	1. 16
Current Residents from In-County	94. 2	88. 1	1. 07	86. 1	1. 09	85. 3	1. 10	77. 0	1. 22
Admissions from In-County, Still Residing	23. 1	22.9	1. 01	17. 5	1. 32	21. 2	1.09	20. 8	1. 11
Admissions/Average Daily Census	198. 3	129.6	1. 53	212. 2	0. 93	148. 4	1. 34	128. 9	1. 54
Discharges/Average Daily Census	200. 0	133. 7	1. 50	210. 1	0. 95	150. 4	1. 33	130. 0	1. 54
Discharges To Private Residence/Average Daily Census	<b>75.</b> 0	47.6	1. 58	87. 3	0.86	<b>58.</b> 0	1. 29	52. 8	1. 42
Residents Receiving Skilled Care	96. 7	90. 5	1.07	93. 8	1.03	91. 7	1.05	85. 3	1. 13
Residents Aged 65 and Older	98. 3	97. 0	1. 01	94. 0	1. 05	91. 6	1. 07	87. 5	1. 12
Title 19 (Medicaid) Funded Residents	35. 0	<b>56</b> . <b>0</b>	0.62	60. 5	0. 58	64. 4	0. 54	68. 7	0. 51
Private Pay Funded Residents	60. 8	35. 1	1.73	26. 1	2. 33	23. 8	2. 56	22. 0	2. 76
Developmentally Disabled Residents	0. 0	0. 5	0.00	0. 9	0.00	0. 9	0.00	7. 6	0.00
Mentally Ill Residents	30. 8	30. 9	1.00	27. 3	1. 13	32. 2	0. 96	33. 8	0. 91
General Medical Service Residents	17. 5	27. 3	0.64	27. 4	0. 64	23. 2	0. 76	19. 4	0. 90
Impaired ADL (Mean)	50. 2	50. 3	1.00	51. 2	0. 98	51. 3	0. 98	49. 3	1. 02
Psychological Problems	<b>56</b> . 7	<b>52. 4</b>	1.08	<b>52. 4</b>	1.08	50. 5	1. 12	51. 9	1. 09
Nursing Care Required (Mean)	7. 1	7. 1	1. 00	6. 7	1. 06	7. 2	0. 98	7. 3	0. 97